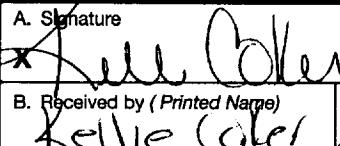
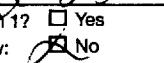


A. Signature 	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name) Kellie Collier	C. Date of Delivery 2/25/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: 	

1. Article Addressed to:

Cascades Development Group, LLC
7051 Highway 49 South
Dadeville, AL 36853

08W115 S+C

2. Article Number
(Transfer from service label)

7007 1490 0002 5392 3741

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540